

## EXHIBIT 2

### REPORT OF EOD RATING CONVERSION SCREENING

(Use proper letter format.)

From: (Screening Activity)

To: Commander, Navy Personnel Command (PERS-401DH)

Subj: REQUEST FOR EXPLOSIVE ORDNANCE DISPOSAL (EOD) RATING  
CONVERSION

Ref: (a) MILPERSMAN 1220-200

1. (rank or rate, name), currently attached to (member's present command), was screened for conversion to the EOD rating as specified in reference (a).

2. The member completed the screening as indicated below:

a. Interview conducted by: (name, rank, position, command, date) (Interviewer should include any significant findings pertinent to selection/non-selection of member for requested training.)

(1) Does the applicant totally understand the mission and scope of the rating? Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Does the applicant fully understand the training regimen during EOD "A" School and what will be expected of him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Is the applicant's motivation for entry into the rating a sincere desire for professional growth and achievement and not solely for the money or as a method to escape applicant's present circumstances, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

(4) Does the applicant have the ability to adapt to the requirements of the EOD rating? Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Is the applicant mentally prepared for the arduous training? Yes \_\_\_\_\_ No \_\_\_\_\_

(6) Does the applicant have any financial, marital, or other hardships that would impede applicant's ability to concentrate on and complete the training? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Physical Screening Test conducted by: (name, rank, position, command, date)

(1) Swim Time: \_\_\_\_\_min \_\_\_\_\_sec

(2) Run Time: \_\_\_\_\_ min \_\_\_\_\_sec

(3) Sit-ups: \_\_\_\_\_, Push-ups: \_\_\_\_\_, Pull-ups: \_\_\_\_\_

c. Hyperbaric Test conducted by: (name, rank, position, command/facility, date) or waived (state justification).

d. Eligible for SECRET security clearance based on a National Agency Check with Local Agency and Credit Checks (NACLIC)? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Based on (satisfactory/unsatisfactory) completion of this screening and per rating conversion entry requirements specified in reference (a) the member (is/is not) recommended for conversion to the EOD rating. (If member is not recommended, state reason/s.)

(Signature)

Copy to:  
Member's present command